Institution/Division Name Forensic Services Group Employee Name and Address James Hanchett 25 Kenneth Road Easthampton, MA 01027			MA 01027	Employee	Reimbu	Page	1	of		1				
Employee ID # Employee or Contractor T 115560 Forensic Scientist V			Bargaining Unit Unit 9		Appropriation 80000106			Unit 2530		Object B02				
Document Total:\$ Reconcilia		Reconciliation Date:		Schedule Pay Date:				Budget FY		FY 2013				
Date	Description			r Readings	Auto Mileage Total Miles	Amount	Meals	Fares	Hotel	Other Expenses	Tota	al Expenses		
01/24/13	Mileage from	from Springfield to and from Sudbury Lab from Springfield to and from Sudbury Lab		136,751 136,914	136,894 137,057	143 143	\$ 64.35 \$ 64.35				2.50 2.50	\$	66.85 66.85	
01/29/13	Mileage from	m Springfield to and from Springfield to and from Springfield to and from Springfield to and from	om Sudbury Lab	137,112 137,276 137,439	137,256 137,419 137,582	144 143 143	\$ 64.80 \$ 64.35 \$ 64.35				2.50 2.50 2.35	\$ \$	67.30 66.85 66.70	
01,00,11	William St. 1.1.		THOUGHT, East	101,122	101,002									
		ion: I herby certify under th				correct, were inc			performance	of my office	Total cial duties	\$	267.85	
Supervisor's Approval:				Title:				Date:						
Fiscal Verification:					Title:				Date:					
Fiscal Approval:					Title:				Date:					
Entered Into HR/CMS By:					Title:					Date:				

Employee Reimbursement Form Con't

Institution/Division Name:		Employee	Employee ID #		Emplo	yee Name an							
									Page of				
			To	otal Private	e Auto Mileage								
Date	Description	Description		Odometer Readings			Meals	Fares	Hotal	Other Expenses	Total Expenses		
Date	Description		Beginning	Ending	Total Miles	Amount	Ivieais	rares	Hotel	Other Expenses	Total Expenses		
of the C	yee's Certification: I herby certify under the pe Commonwealth and conform fully with rules and reg	nalty of perjury that the gulations pertaining to e	amounts itemiz employee reimb	zed above ar ursement.	e true and correct Employee's	t, were incurr Signature:	ed by me o	during the p	performan	ce of my official duties			
Supervisor's Approval:				Title: Date:									
Fiscal Verification:				Title: Date);			
				017701									
Fiscal Approval:				Title:				Date:					
Entered Into HR/CMS Bv:				Title:					Date:				